

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2444</u>	2. Fiscal Year Covered From: <u>6</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Calvin</u> <u>T</u> <u>Rapson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>8000 E. Jefferson</u> City <u>Detroit</u> State <u>Michigan</u> ZIP Code + 4 <u>48214</u>	4. Name, file number, and address of labor organization. Name <u>International Union, UAW</u> Labor Organization File Number <u>000149</u> P.O. Box, Building and Room Number, if any _____ Street <u>8000 E. Jefferson</u> City <u>Detroit</u> State <u>Michigan</u> ZIP Code + 4 <u>48214</u>
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>Calvin T. Rapson</u>	On <u>6/22/05</u> <u>313-926-5274</u> Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Custom Promotions, Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 210**Street **17520 West 12 Mile Road**City **Southfield**State **Michigan** ZIP Code + 4 **48076**

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

SEE ATTACHED SHEET

11.a. Nature of such dealing.

SEE ATTACHED SHEET

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

SEE ATTACHED SHEET

12.b. Amount.

\$11,500.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Calvin T. Rapson
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1/1/04 – 12/31/04

10. The business listed in Question 8 provides goods and/or services to various joint training funds in which the UAW is involved. I am not familiar with the details of its business or its customers, but I believe its customers include the UAW-DaimlerChrysler Joint Program and possibly others as well.
- 11a. I believe that the business listed in Question 8 sells promotional items, such as key chains, monogrammed briefcases, and similar kinds of items to its customers. It is one of the few union shops in this business and therefore often does business with various UAW joint programs.
- 12a. My wife, Sandy Rapson, was hired on a part time temporary basis during 2004 to perform sales work for the business listed in Question 8. She was compensated in the same manner as other employees and/or independent contractors employed by that business.

Form **1099-MISC**

☐ **CORRECTED** (if checked)

(keep for your records)

PAYER'S name, street address, city, state, ZIP code, and telephone no. CUSTOM PROMOTIONS, INC. 17520 WEST 12 MILE RD, STE 210 SOUTHFIELD, MI 48076-1945 248-557-4332		1 Rents \$	OMB No. 1545-0115 2004 Form 1099-MISC	Miscellaneous Income 39-1908647 Department of the Treasury — IRS Copy B Duplicate	
		2 Royalties \$			
		3 Other income \$			
		4 Fed. Inc. tax withheld \$			
PAYER'S Federal identification number 38-2875772	RECIPIENT'S identification number 015-54-7318	5 Fishing boat proceeds \$	6 Medical and health care payments \$		
RECIPIENT'S name, address, and ZIP code SANDY RAPSON DBA SRA ASSESSMENT 7046 CROSSWINDS DR SWARTZ CREEK, MI 48473		7 Nonemployee compensation \$ 11500.00	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds \$		
		11	12		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
Account number (optional)		15	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$